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7590

08/13/2004

ERIC L. MASCHOFF WORKMAN, NYDEGGER & SEELEY 1000 Eagle Gate Tower 60 East South Temple

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(Depositor's name ERIC L. MASCHOFF (Signature (Date)

APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/659.987	09/11/2003	Ping Xie	15436.249.9.2	4636	

TITLE OF INVENTION: OPTICAL FILTER FOR WAVELENGTH DIVISION MULTIPLED OPTICAL SIGNALS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	IOIALFE	E(3) DUE	DATE DUE
nonprovisional NO		\$1330		\$0	\$1330		11/15/2004
EXAM	EXAMINER		т	CLASS-SUBCLASS]		
SIKDER, MOHA	SIKDER, MOHAMMAD YUNUS			385-015000	_		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 		nt attorneys a member a nes of up to	1_Workman Nydegger 23_	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Finisar Corporation

Sunnyvale, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: ☑ Issue Fee A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee (No small entity discount permitted) ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form). Advance Order - # of Copies

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

□ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Date) 12 November 2004

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